Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-18-08</u>	Address:	Scepter Rd @ SR 67
Case #:	35F27983		Bicknell, In
County:	Knox		
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
Operation Chemica Dumpsi	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other;
Items Four	od: Location (bedroom, kitchen, open ai	r, etc)	
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flanumable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): Roadside			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
	, 		
∐ Yes ∐ No	rage 18 discovered (check one) (number present) ort to Child Protective Services	☐ Retail/Mei	Pseudoephedrine Tracking Log
This report	is to be faxed to the following agenc	cies that serve the loc	ation:
Fire Department: <u>Bicknell</u>		Fax: 812-735-4433	
Health Department: <u>Knox</u>		Fax: 812-88	
Child Protect	ion Service: <u>N/A</u>	Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact fivestigating Officer: Doug Humphrey Phone 812-867-2079			
This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.			
. Total Telephone			